



FIELD TRIP PERMISSION SLIP/WAIVER NOTICE/
MEDICAL EMERGENCY AUTHORIZATION FORM PS-100A



Steven E. Gomes, Ed.D.
Superintendent

Student Name

School Name

School District

Teacher's Name

I authorize my son/daughter, _____, to participate in the District sponsored activity of *Outdoor Science School Trip to Jack L. Boyd Outdoor School, Fish Camp, CA. Students will be exposed to the inherent risks associated with the National Forest, nature and outdoor recreation activities which include hiking, archery, and a climbing wall.*

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that while at the Jack L. Boyd Outdoor School students may take off campus field trips and excursions and I and my son/daughter agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such field trips and activities, including transportation to and from field trip locations.

The following is common language to all MCOE field trips and volunteer forms: I understand and acknowledge that some of the injuries/illnesses that may result from participating in these activities include, but are not limited to, the following: fractured bones, sprains/strains, unconsciousness, head and/or back injuries, paralysis, loss of eyesight, communicable diseases, and possibly death

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable and I hereby waive, release, and discharge them from any future claims, demands, obligations, or causes of action for any injury/illness or property damage suffered by my son/daughter arising as a result of engaging or receiving instruction in said activity or any activity that is incidental thereto.

MEDICAL AUTHORIZATION

In addition to the previous "Treatment Authorization", in the event of a medical emergency and if I/we cannot be reached, I authorize the School District and its employees to consent to any medical treatment, examination, or tests necessary for the care of this my child. The following are additional emergency contact individuals:

Contact Persons	Relationship	Day time Phone No.	Night time Phone No.
1. _____	_____	_____	_____
2. _____	_____	_____	_____

I further understand that my child may be filmed or photographed during their trip for media coverage or promotional purposes and give permission for such non-commercial use.

I also understand that the Jack L. Boyd Outdoor School and staff are not responsible for lost, damaged, or stolen goods.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

Print Parent/Guardian Name

Signature

Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the District before a student will be allowed to participate in the above extra-curricular activities.